

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

520 N. NORTHWEST HIGHWAY

☐Check if different
than previously
reported. (ACC)

PARK RIDGE

IL

60068

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00255752

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☒

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

☐☐☐in the
State of☐(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the
State of☐

5. Covering Period

04

01

2008

through

04

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

RICHARD BARWACZ

Signature of Treasurer

Electronically Filed by RICHARD BARWACZ

Date

05

13

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		1160205.04
(b) Cash on Hand at Beginning of Reporting Period	1243078.60	
(c) Total Receipts (from Line 19)	80769.19	469799.21
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1323847.79	1630004.25
7. Total Disbursements (from Line 31)	110821.76	416978.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1213026.03	1213026.03
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	61250.00	362901.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	16622.50	92537.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	77872.50	455438.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	77872.50	455438.50
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	2896.69	14360.71
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	80769.19	469799.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	80769.19	469799.21

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	109000.00	383500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	1821.76	33478.22
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	110821.76	416978.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	110821.76	416978.22

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	77872.50	455438.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	77872.50	455438.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TIMOTHY ADAMS

Mailing Address 2205 COVEMONT DR SE

City

HUNTSVILLE

State

AL

Zip Code

35801

FEC ID number of contributing
federal political committee.

C

Name of Employer
AL ANES OF HUNTSVILLE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62417

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

RICHARD AERTS

Mailing Address 409 HOBBIT DR., S.E.

City

CEDAR RAPIDS

State

IA

Zip Code

52403

FEC ID number of contributing
federal political committee.

C

Name of Employer
LINN COUNTY ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.61860

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

BRUCE AISTRUP

Mailing Address 10907 W. 120TH TERRACE

City

OVERLAND PARK

State

KS

Zip Code

66213

FEC ID number of contributing
federal political committee.

C

Name of Employer
MIDWEST ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62550

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHARLES AKINS

Mailing Address 497 SWEETBRIAR RD.

City

MEMPHIS

State

TN

Zip Code

38120

FEC ID number of contributing
federal political committee.

C

Name of Employer
METRO ANES ALLIANCE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.61935

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MARY APPELT

Mailing Address 118 GREENRIDGE NW

City

GRAND RAPIDS

State

MI

Zip Code

49544

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES MED CONSULT

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62317

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JOEL ARNEY

Mailing Address 4 WINDY HILL CT.

City

SUNFISH LAKE

State

MN

Zip Code

55077

FEC ID number of contributing
federal political committee.

C

Name of Employer
RIDGES ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.62625

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRUCE BALDECCHI

Mailing Address 313 W. ANN ST.

City

CARSON CITY

State

NV

Zip Code

89703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62411

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

WINSTON BARCELLOS

Mailing Address 1215 PLEASANT ST., SUITE #400

City

DES MOINES

State

IA

Zip Code

50309

FEC ID number of contributing
federal political committee.

C

Name of Employer
A.A.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62568

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

RISE BARKHOFF

Mailing Address 27455 MEADOWOOD

City

METTAWA

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.61861

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RICHARD BARTON

Mailing Address 3330 SUNDANCE DR.

City

BOZEMAN

State

MT

Zip Code

59715

FEC ID number of contributing
federal political committee.

C

Name of Employer
GALLATIN VALLEY ANES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62054

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

RICHARD BAUMGARTEN

Mailing Address 180 LEWISTON RD.

City

GROSSE POINTE FARM

State

MI

Zip Code

48236

FEC ID number of contributing
federal political committee.

C

Name of Employer
FARMS ANESTHESIA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.61937

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

PHILIP BECKER

Mailing Address 1092 THUNDERBIRD

City

EL PASO

State

TX

Zip Code

79912

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES CONSULT ASSOC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62132

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 / 85

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DANIELLE BELMORE

Mailing Address 6632 WHISPERING WOODS CT.

City

PLANO

State

TX

Zip Code

75024

FEC ID number of contributing
federal political committee.

C

Name of Employer
PINNACLE ANES CONSUL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.62226

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

ERIC BENDIXEN

Mailing Address 1631 HOSPITAL DR., STE. #110

City

SANTA FE

State

NM

Zip Code

87505

FEC ID number of contributing
federal political committee.

C

Name of Employer
SANTA FE ANES SPEC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62045

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

DEAN BERKUS

Mailing Address 4930 GAVIOTA AVENUE

City

ENCINO

State

CA

Zip Code

91436

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.62219

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 11 / 85

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOSEPH BERNSTEIN

Mailing Address PO BOX 700138

City

OOSTBURG

State

WI

Zip Code

53070

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62576

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL BIANCO

Mailing Address 3 PEACOCK LN.

City

UPPER BROOKVILLE

State

NY

Zip Code

11545

FEC ID number of contributing
federal political committee.

C

Name of Employer
LONG ISLAND ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62307

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

GREGORY BILLMAN

Mailing Address 1368 GREYSTONE DR.

City

TUSCALOOSA

State

AL

Zip Code

35406

FEC ID number of contributing
federal political committee.

C

Name of Employer
APMC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62457

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CRAIG BOHNHOFF

Mailing Address 9 HEARTHSTONE PL.

City

SAGINAW

State

MI

Zip Code

48609

FEC ID number of contributing
federal political committee.

C

Name of Employer
ADVANCED ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62495

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

PETER BOOSALIS

Mailing Address 515 S. BROADWAY ST.

City

STILLWATER

State

MN

Zip Code

55082

FEC ID number of contributing
federal political committee.

C

Name of Employer
VALLEY ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.62623

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

DAVID BOYER

Mailing Address 9217 TURTLE POINT DR

City

KILLEN

State

AL

Zip Code

35645

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.62277

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KATHRYN BROCK

Mailing Address 1600 7TH AVENUE SOUTH SUITE 420

City

BIRMINGHAM

State

AL

Zip Code

35233

FEC ID number of contributing
federal political committee.

C

Name of Employer
PEDIATRIC ANESTHESIA ASSO-
CIATES, PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.61917

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL BUBB

Mailing Address 12721 KIAWAH DR

City

CARMEL

State

IN

Zip Code

46033

FEC ID number of contributing
federal political committee.

C

Name of Employer
RIVERVIEW ANESTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62079

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

CALVIN BURRICHTER

Mailing Address 5110 CORNELL CT

City

BRENTWOOD

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMG

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.62672

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THOMAS CASH

Mailing Address 1307 LEGACY DR.

City

BIRMINGHAM

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMBULATORY ANES & PAIN

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	5	/	2	0	0	8

Transaction ID: SA11AI.62026

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

KATHERINE CHANG

Mailing Address 831 BERKELEY ST.

City

SANTA MONICA

State

CA

Zip Code

90403

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	5	/	2	0	0	8

Transaction ID: SA11AI.62396

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

BOHDAN CHARKEWYCZ

Mailing Address 119 JOYCE PL.

City

PARK RIDGE

State

IL

Zip Code

60068

FEC ID number of contributing
federal political committee.

C

Name of Employer
RESSURECTION HEALTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	5	/	2	0	0	8

Transaction ID: SA11AI.62425

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ALBERT CHEN

Mailing Address 2901 W SWANN AVE

City

TAMPA

State

FL

Zip Code

33609

FEC ID number of contributing
federal political committee.

C

Name of Employer
GUARDIAN ANES SERV

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62384

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

SAMUEL CHERRY

Mailing Address 149 LUCERNE BLVD

City

BIRMINGHAM

State

AL

Zip Code

35209

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF ALABAMA BIR-
MINGHAM

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.62243

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

JAMES COLEMAN

Mailing Address PO BOX 8720

City

HUNTSVILLE

State

TX

Zip Code

77340

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62542

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BARBARA CONARD

Mailing Address 316 WILDWOOD LN.

City

LAFAYETTE

State

IN

Zip Code

47905

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNITY HEALTHCARE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62351

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

THOMAS COTTONE

Mailing Address 31 SPENCER LN

City

STONY BROOK

State

NY

Zip Code

11790

FEC ID number of contributing
federal political committee.

C

Name of Employer
LONG ISLAND ANESTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62394

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

BRENDA COVEY

Mailing Address 600 N.UNION

City

NEW BRAUNFELS

State

TX

Zip Code

78130

FEC ID number of contributing
federal political committee.

C

Name of Employer
STAR ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62127

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ROBERT DADO

Mailing Address 8919 ITASCA TRAIL NORTH

City

STILLWATER

State

MN

Zip Code

55082

FEC ID number of contributing
federal political committee.

C

Name of Employer
MIDWEST ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62134

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

KRISTIANNE DIAZ

Mailing Address 24 EQUENNES DR.

City

LITTLE ROCK

State

AR

Zip Code

72223

FEC ID number of contributing
federal political committee.

C

Name of Employer
BAPTIST HEALTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.62231

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

ALICE DIJAMCO

Mailing Address 760 WOOD DUCK COURT, NW

City

ATLANTA

State

GA

Zip Code

30327

FEC ID number of contributing
federal political committee.

C

Name of Employer
PHYSICIAN SPECIALISTS IN
ANESTHESIA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.62008

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TIMOTHY DILES

Mailing Address 10 OAK TREE CIRCLE

City

NORTH LITTLE ROCK

State

AR

Zip Code

72116

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62101

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

ARISTEIDIE DIVERIS

Mailing Address 825 N. SHERIDAN RD.

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
LAKE FOREST HOSP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62578

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

WILLIAM DOMBROWSKI

Mailing Address P.O. BOX 245

City

PHOENIX

State

MD

Zip Code

21131

FEC ID number of contributing
federal political committee.

C

Name of Employer
HUNT VALLEY ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62051

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NIVINE DORAN

Mailing Address 6101 ROCKSBERG CT., N.E.

City

ALBUQUERQUE

State

NM

Zip Code

87111

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV OF NEW MEXICO

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.62653

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

STEPHANIE DRABIN

Mailing Address 1600 N.W. FORK RD.

City

STUART

State

FL

Zip Code

34994

FEC ID number of contributing
federal political committee.

C

Name of Employer
ATLANTIC COAST ANES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.62221

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

STEVEN DRYDEN

Mailing Address 8820 MUD CREEK RD

City

INDIANAPOLIS

State

IN

Zip Code

46256

FEC ID number of contributing
federal political committee.

C

Name of Employer
CTAI

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62066

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CLIFTON DUBOSE

Mailing Address 4201 LAKE BREEZE DR.

City

BENBROOK

State

TX

Zip Code

76132

FEC ID number of contributing
federal political committee.

C

Name of Employer
COVENANT MED GRP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62378

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

VICTOR DUDZIK

Mailing Address 2616 WHITCHURCH LANE

City

NAPERVILLE

State

IL

Zip Code

60564

FEC ID number of contributing
federal political committee.

C

Name of Employer
DUPAGE VALLEY ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.61933

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

JOEL DUNN

Mailing Address 120 BURFORD HOLLOW

City

ALPHARETTA

State

GA

Zip Code

30022

FEC ID number of contributing
federal political committee.

C

Name of Employer
GWINNETT ANES SERV

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62459

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHAEL DUNN

Mailing Address 303 AUBURN AVE

City

MONROE

State

LA

Zip Code

71201

FEC ID number of contributing
federal political committee.

C

Name of Employer

PARISH ANESTHESIA OF MONR-
OE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62582

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

WALTER DUNWIDDIE

Mailing Address 1010 GIBSON MILL RD.

City

KINGSPORT

State

TN

Zip Code

37660

FEC ID number of contributing
federal political committee.

C

Name of Employer

LONESOME PINE HOSP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62376

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

STEPHANIE DYER

Mailing Address 1515 N SAM HOUSTON

City

ODESSA

State

TX

Zip Code

79761

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62402

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PAUL ENGLUND

Mailing Address 101 SO. FIRST ST. SUITE 1000

City

BURBANK

State

CA

Zip Code

91502

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62497

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

DAVID FANNING

Mailing Address 3914 WINDOLYN CIR.

City

BARTLETT

State

TN

Zip Code

38133

FEC ID number of contributing
federal political committee.

C

Name of Employer
METRO ANES ALLIANCE

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62361

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MELVIN FERLITA

Mailing Address 320 JADE CT.

City

MADISONVILLE

State

LA

Zip Code

70447

FEC ID number of contributing
federal political committee.

C

Name of Employer
APMC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62031

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JILL FLAXMAN

Mailing Address 63 DEAUVILLE CIR

City

LITTLE ROCK

State

AR

Zip Code

72223

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62071

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

PATRICK FORREST

Mailing Address 706 BOWLING AVE

City

NASHVILLE

State

TN

Zip Code

37215

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61784

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MICHAEL FOX

Mailing Address 15 W PENNY RD

City

SOUTH BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
BARRINGTON ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62359

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 85

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LAWRENCE FRANK

Mailing Address P.O. BOX 9779

City

CORAL SPRINGS

State

FL

Zip Code

33075

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.62229

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

GREGORY GAY

Mailing Address 1316 COMFORT RD.

City

AUGUSTA

State

GA

Zip Code

30909

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62077

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

FREDERICK GEHRMANN

Mailing Address 800 E. CARPENTER

City

SPRINGFIELD

State

IL

Zip Code

62769

FEC ID number of contributing
federal political committee.

C

Name of Employer
SAGAMON ASSOC ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62345

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 85

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RODERICK GEX

Mailing Address 9801 EDGEVIEW PL.

City

LAS VEGAS

State

NV

Zip Code

89134

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTHWEST MED ASSOC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.62631

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

KENNETH GIRALDO

Mailing Address 5831 BEE RIDGE RD STE 100

City

SARASOTA

State

FL

Zip Code

34233

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.62641

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

PATRICE GOGGINS

Mailing Address 4561 OLDE PERIMETER WAY, #2304

City

ATLANTA

State

GA

Zip Code

30346

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMBULATORY ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62313

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 85

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GLENN GOLLOBIN

Mailing Address 3514 BAYARD

City

CINCINNATI

State

OH

Zip Code

45208

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA ASSOCIATES OF
CINCINNATI

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.61826

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

JEFFREY GRAHAM

Mailing Address 3808 64TH ST NE

City

TUSCALOOSA

State

AL

Zip Code

35406

FEC ID number of contributing
federal political committee.

C

Name of Employer
APMC

Occupation

STAFF ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.61992

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

ARTHUR GRAY

Mailing Address 5886 KENTUCKY DOWNS DR

City

MACON

State

GA

Zip Code

31210

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEXUS MEDICAL GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.61915

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ALAN GREENBERG

Mailing Address 11990 N. 103RD PL.

City

SCOTTSDALE

State

AZ

Zip Code

85260

FEC ID number of contributing
federal political committee.

C

Name of Employer
VALLEY ANES CONSULT

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.62603

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

WES GREYDANUS

Mailing Address 8902 RANDALL DR NW

City

GIG HARBOR

State

WA

Zip Code

98332

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
PHYSICIAN AND ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61788

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JOHN GRIMES

Mailing Address 2120 HASTINGS DR.

City

CHARLOTTE

State

NC

Zip Code

28207

FEC ID number of contributing
federal political committee.

C

Name of Employer
SE ANESTH

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.61923

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MATTHEW GUIDRY

Mailing Address 220 BRIGHTON ROAD

City

ATLANTA

State

GA

Zip Code

30309

FEC ID number of contributing
federal political committee.

C

Name of Employer
PHYSICIAN SPECIALISTS IN
ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.61818

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

LAWRENCE GUISENGER

Mailing Address 21 LIBERTY ST.

City

PIERMONT

State

NY

Zip Code

10968

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62388

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

TIMOTHY GUNDLACH

Mailing Address 9008 UNBRIDLE LANE

City

WAXHAW

State

NC

Zip Code

28173

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTHEAST ANESTHESIOLOGY
CONSULTANTS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.61822

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHRISTOPHER GUNN

Mailing Address 840 PINE ST., SUITE 770

City

MACON

State

GA

Zip Code

31201

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEXUS MED GRP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.61913

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

BRENT HAGEMASTER

Mailing Address 8038 BAR-LE-DOC DR.

City

CORPUS CHRISTI

State

TX

Zip Code

78414

FEC ID number of contributing
federal political committee.

C

Name of Employer
GULF SHORES ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62461

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

COREY HAGGARD

Mailing Address P.O. BOX 98046

City

LUBBOCK

State

TX

Zip Code

79499

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62129

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 85

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN HASEWINKEL

Mailing Address 11615 E. 100 N.

City

SHERIDAN

State

IN

Zip Code

46069

FEC ID number of contributing
federal political committee.

C

Name of Employer
WISHARD ANES GRP

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62447

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

DANIEL HASFURTHER

Mailing Address 1356 WOLF RUN ROAD

City

RENO

State

NV

Zip Code

89511

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTH CONSULTANTS

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.61909

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

ALLEN HAYMAN

Mailing Address 70 PHIPPS ROAD

City

PORTLAND

State

ME

Zip Code

04102

FEC ID number of contributing
federal political committee.

C

Name of Employer
YORK HOSPITAL

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.62213

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 85

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ALLEN HAYMAN

Mailing Address 70 PHIPPS ROAD

City

PORTLAND

State

ME

Zip Code

04102

FEC ID number of contributing
federal political committee.

C

Name of Employer
YORK HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.62248

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

ROBERT HEFLIN

Mailing Address #6 FAIRVIEW HEIGHTS

City

PARKERSBURG

State

WV

Zip Code

26101

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNITED ANESTH INC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62574

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

NANCY HIGH

Mailing Address 1390 LAKE JOSEPHINE DR.

City

SEBRING

State

FL

Zip Code

33875

FEC ID number of contributing
federal political committee.

C

Name of Employer
HEARTLAND QUALITY ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.62617

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SCOTT HOPE

Mailing Address 9223 PRINCETON ST.

City

HIGHLANDS RANCH

State

CO

Zip Code

80130

FEC ID number of contributing
federal political committee.

C

Name of Employer
S DENVER ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	5	/	2	0	0	8

Transaction ID: SA11AI.62059

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

STEPHEN HOUE

Mailing Address 807 ALBEROSKY WAY

City

BATAVIA

State

IL

Zip Code

60510

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA ASSOCIATES

Occupation

ANESTHESIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	8	/	2	0	0	8

Transaction ID: SA11AI.62546

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JOHN HUNTER

Mailing Address 46-133 PUNALEI ST

City

Kaneohe

State

HI

Zip Code

96744

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE ANES MED GRP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	2	/	2	0	0	8

Transaction ID: SA11AI.62252

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ROBERT IMPASTATO

Mailing Address 19 BARRETT HILL RD.

City

HOPEWELL JUNCTION

State

NY

Zip Code

12533

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAPA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.61955

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

SHELLEY JACKS

Mailing Address 421 SUMMIT RIDGE RD

City

BOISE

State

ID

Zip Code

83702

FEC ID number of contributing
federal political committee.

C

Name of Employer
BAPA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62319

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

FREDERICK JACQUES

Mailing Address 1631 HOSPITAL DR.,STE., #110

City

SANTA FE

State

NM

Zip Code

87505

FEC ID number of contributing
federal political committee.

C

Name of Employer
SANTA FE ANES SPEC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.61925

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JAY JAFFEE

Mailing Address 3809 SILVER FALLS CT.

City

PLANO

State

TX

Zip Code

75093

FEC ID number of contributing
federal political committee.

C

Name of Employer
PINNACLE ANES CONSUL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.62250

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

SANJAY JAIN

Mailing Address 135 CLARK STREET

City

NEWTON

State

MA

Zip Code

02459

FEC ID number of contributing
federal political committee.

C

Name of Employer
AAM

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.61778

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

PAUL JASZEWSKI

Mailing Address 19449 PENINSULA SHORES DR.

City

CORNELIUS

State

NC

Zip Code

28031

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTHEAST ANESTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62483

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JODIE JOHNSON

Mailing Address 702 BARNHILL DR., ROOM 2001

City

INDIANAPOLIS

State

IN

Zip Code

46202

FEC ID number of contributing
federal political committee.

C

Name of Employer
INDIANA UNIV ANES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62073

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

RICHARD JOHNSTON

Mailing Address 89562 DEMMING ROAD

City

ELMIRA

State

OR

Zip Code

97437

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHWEST ANESTHESIA PHYS-
ICIANS

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.62273

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

DAVID KALISH

Mailing Address 840 PINE STREET

City

MACON

State

GA

Zip Code

31201

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEXUS MED GRP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62131

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 85

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DOUGLAS KAMINSKI

Mailing Address 4341 TRAILS END DR.

City

DAYTON

State

OH

Zip Code

45429

FEC ID number of contributing
federal political committee.

C

Name of Employer
MT GREEN ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62437

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

SCOTT KERCHVILLE

Mailing Address 14 ETON GREEN CIRCLE

City

SAN ANTONIO

State

TX

Zip Code

78257

FEC ID number of contributing
federal political committee.

C

Name of Employer
UTHSCSA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.61799

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JEFFREY KING

Mailing Address 110 29TH AVE. N., #202

City

NASHVILLE

State

TN

Zip Code

37203

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES MED GRP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62083

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRIAN KOPEIKIN

Mailing Address 22 NICHOLAS LANE

City

SANTA BARBARA

State

CA

Zip Code

93108

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES MED GRP SB

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62386

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

DAVID KRAFTSOW

Mailing Address 1301 ANGLEWOOD DR.

City

BIRMINGHAM

State

AL

Zip Code

35216

FEC ID number of contributing
federal political committee.

C

Name of Employer
SO PERIOPERATIVE SV

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.61879

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

DAVID KRAFTSOW

Mailing Address 1301 ANGLEWOOD DR.

City

BIRMINGHAM

State

AL

Zip Code

35216

FEC ID number of contributing
federal political committee.

C

Name of Employer
SPS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62400

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TIMOTHY LAIR

Mailing Address 5551 LAKERIDGE

City

SHAWNEE

State

KS

Zip Code

66218

FEC ID number of contributing
federal political committee.

C

Name of Employer
MWA

Occupation

ANESTHESIOLOGY PAIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.61919

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

WILLIAM LANE

Mailing Address 151 GLENEAGLES CIR.

City

MACON

State

GA

Zip Code

31210

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEXUS MEDICAL GROUP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.61921

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

SANTIAGO LARDIZABAL

Mailing Address 5309 W. MISTY WILLOW LANE

City

GLENDAL

State

AZ

Zip Code

85374

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMP

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.61801

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SEAN LEACH

Mailing Address 6410 S. 66TH STREET

City

LINCOLN

State

NE

Zip Code

68516

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASSOCIATED ANESTHESIOLOGI-
STS, P.C.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.62188

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

RICK LEE

Mailing Address 1117 WHISPERING OAKS LANE

City

GOODE

State

VA

Zip Code

24556

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.62000

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

PETER LEONARD

Mailing Address 3705 MONTICELLO

City

FORT WORTH

State

TX

Zip Code

76107

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62339

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JAMES LEVINE

Mailing Address 4164 CART PATH CT.

City

TERRE HAUTE

State

IN

Zip Code

47802

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.61885

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

GREGAR LIND

Mailing Address 2825 STOCKYARD RD., BLDG. I-200

City

MISSOULA

State

MT

Zip Code

59808

FEC ID number of contributing
federal political committee.

C

Name of Employer
MISSOULA ANESTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.62223

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JOHN LINK

Mailing Address 800 E. CARPENTER

City

SPRINGFIELD

State

IL

Zip Code

62769

FEC ID number of contributing
federal political committee.

C

Name of Employer
SANGAMON ASSOC ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62343

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SHAOXIONG LIU

Mailing Address 91 PROSPECT HILL DR

City

TEWKSBURY

State

MA

Zip Code

01876

FEC ID number of contributing
federal political committee.

C

Name of Employer

LAWRENCE GENERAL HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.62275

Amount of Each Receipt this Period

450.00

B.

Full Name (Last, First, Middle Initial)

RICHARD LODISE

Mailing Address 1780 W. WESLEY RD N.W.

City

ATLANTA

State

GA

Zip Code

30327

FEC ID number of contributing
federal political committee.

C

Name of Employer

RIVERDALE ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62049

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

EDWIN LOJESKI

Mailing Address VA MEDICAL CENTER
215 N MAIN ST., #112

City

WHIRE RIVER JUNCTI

State

VT

Zip Code

05009

FEC ID number of contributing
federal political committee.

C

Name of Employer

VA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.61812

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 85

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRIAN LOPP

Mailing Address 2401 WYNDEMERE BAY

City

SPRINGFIELD

State

IL

Zip Code

62711

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASSOCIATED ANESTHESIOLOGI-
ST

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.62010

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

SERGEI MARGULIAN

Mailing Address 40 B LINDEN AVENUE

City

SPRINGFIELD

State

NJ

Zip Code

07081

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNION ANESTHESIA ASS.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.62657

Amount of Each Receipt this Period

450.00

C.

Full Name (Last, First, Middle Initial)

RICCARDO MARINELLI

Mailing Address 2059 RED COACH RD.

City

ALLISON PARK

State

PA

Zip Code

15101

FEC ID number of contributing
federal political committee.

C

Name of Employer
WESTERN PA ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62369

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JONATHAN MARTIN

Mailing Address 22 NORTH, 920 EAST

City

OREM

State

UT

Zip Code

84097

FEC ID number of contributing
federal political committee.

C

Name of Employer
UWA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62405

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

STEPHEN MAZE

Mailing Address ANES. OFFICE SERVICE, INC.

City

HIAWATHA

State

IA

Zip Code

52233

FEC ID number of contributing
federal political committee.

C

Name of Employer
LINN COUNTY ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.61856

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

DONNIE MCMICKLE

Mailing Address 406 1ST AVE.

City

ALBANY

State

GA

Zip Code

31701

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALBANY ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.61911

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

YURIY MEDVID

Mailing Address P.O. BOX 327

City

HOLDEN

State

ME

Zip Code

04429

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMMC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62182

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

PARAG MODI

Mailing Address 26 REGENCY DR

City

VOORHEES

State

NJ

Zip Code

08043

FEC ID number of contributing
federal political committee.

C

Name of Employer
LOURDES ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.62647

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

GWENDOLYN MORASKI

Mailing Address 20 RUTHIES LN.

City

WEST SIMSBURY

State

CT

Zip Code

06092

FEC ID number of contributing
federal political committee.

C

Name of Employer
WOODLAND ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62349

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 85

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

THOMAS MUKKADA

Mailing Address 41 WOODSHIRE DR

City

OTTUMWA

State

IA

Zip Code

52501

FEC ID number of contributing
federal political committee.

C

Name of Employer
OTTUMWA ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62173

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

JOHN MULLICAN

Mailing Address 1631 HOSPITAL DR., STE. #110

City

SANTA FE

State

NM

Zip Code

87505

FEC ID number of contributing
federal political committee.

C

Name of Employer
SANTA FE ANES SPEC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.61931

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

THOMAS NAVAR

Mailing Address 5400 SUNCREST DR., SUITE #B-3

City

EL PASO

State

TX

Zip Code

79912

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES CONSULT ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.62621

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 85

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARGARET NEGRETE

Mailing Address 5812 DIAMOND POINT

City

EL PASO

State

TX

Zip Code

79912

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTH CONSULTANTS

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62407

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

BRIAN NELSON

Mailing Address 1708 E 3450 N

City

LOGAN

State

UT

Zip Code

84341

FEC ID number of contributing
federal political committee.

C

Name of Employer
INTERWEST ANES ASSOC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62099

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

EDUARD NEMIROVSKY

Mailing Address 8174 HILLCREST DR.

City

MANASSAS

State

VA

Zip Code

20111

FEC ID number of contributing
federal political committee.

C

Name of Employer
MAA PC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62125

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 47 / 85

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DEBORAH NICHOLAS

Mailing Address 1631 HOSPITAL DR., SUITE 110

City

SANTA FE

State

NM

Zip Code

87505

FEC ID number of contributing
federal political committee.

C

Name of Employer

SANTA FE ANES SPEC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.61927

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

DEAN NICHOLS

Mailing Address 18118 E. WEAVER DR.

City

CENTENNIAL

State

CO

Zip Code

80016

FEC ID number of contributing
federal political committee.

C

Name of Employer

METRO DENVER ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.61945

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JASON PARKER

Mailing Address 12811 ST. CHARLES BLVD.

City

LITTLE ROCK

State

AR

Zip Code

72211

FEC ID number of contributing
federal political committee.

C

Name of Employer

LITTLE ROCK ANES SERV

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62374

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MITESH PATEL

Mailing Address 8821 COUNTRY GLEN CROSSING

City

PLANO

State

TX

Zip Code

75024

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.61970

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

JOEL PAVELONIS

Mailing Address 6140 E. CALLE DEL SUD

City

SCOTTSDALE

State

AZ

Zip Code

85251

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.62260

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

BEVERLY PEARCE-SMITH

Mailing Address 4137 DUNDEE DR.

City

MURRYSVILLE

State

PA

Zip Code

15668

FEC ID number of contributing
federal political committee.

C

Name of Employer
UPMC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62047

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JEREMIE PERRY

Mailing Address 2410 WHISPERING OAKS CT.

City

ABILENE

State

TX

Zip Code

79606

FEC ID number of contributing
federal political committee.

C

Name of Employer
ABILENE DIAGNOSTIC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62491

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

ERIC PERSILY

Mailing Address 126 WHISPERING WOODS RD

City

CHARLESTON

State

WV

Zip Code

25304

FEC ID number of contributing
federal political committee.

C

Name of Employer
GENERAL ANESTHESIA SERVIC-
ES, INC.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.62205

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MICHAEL PETROVER

Mailing Address 22143 HOLLYHOCK TRAIL

City

BOCA RATON

State

FL

Zip Code

33433

FEC ID number of contributing
federal political committee.

C

Name of Employer
PINNACLE ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62415

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GAIL PETTERS

Mailing Address 460-A GIBBS AVE.

City

NEWPORT

State

RI

Zip Code

02840

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEWPORT ANES PARTN

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62382

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

GAIL PIRIE

Mailing Address 3939 'J' ST., #310

City

SACRAMENTO

State

CA

Zip Code

95819

FEC ID number of contributing
federal political committee.

C

Name of Employer
SACRAMENTO ANESTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.61949

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JOHN QUINN

Mailing Address 90 COWDRAY PARK

City

COLUMBIA

State

SC

Zip Code

29223

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIOLOGY CONSULTANTS
OF COLUMBIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.61802

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

OWEN RAHMAN

Mailing Address 4580 ISLAND REEF DR.

City

WELLINGTON

State

FL

Zip Code

33449

FEC ID number of contributing
federal political committee.

C

Name of Employer
SHERIDAN HEALTH CORP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62479

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

DOUG RENNELS

Mailing Address 1715 RIDGEWOOD AVE

City

OMAHA

State

NE

Zip Code

68124

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANESTHESIA WEST,PC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62186

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JAMES RIOPELLE

Mailing Address 13201 RIVER RD.

City

NEW ORLEANS

State

LA

Zip Code

70131

FEC ID number of contributing
federal political committee.

C

Name of Employer
LSUHSC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62558

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LARRY ROBBINS

Mailing Address 11 BRIAR CLIFF DR.

City

WILBRAHAM

State

MA

Zip Code

01095

FEC ID number of contributing
federal political committee.

C

Name of Employer
SPRINGFIELD ANES SERV

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.62233

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

JAIME RONDEROS

Mailing Address 6024 PEDERNALES RIDGE

City

NORTH RICHLAND HIL

State

TX

Zip Code

76180

FEC ID number of contributing
federal political committee.

C

Name of Employer
PINNACLE PART IN MED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62123

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

GLEN ROSENFELD

Mailing Address 25 FULTON PLACE

City

WEST HARTFORD

State

CT

Zip Code

06107

FEC ID number of contributing
federal political committee.

C

Name of Employer
MILFORD ANESTHESIA ASSOCI-
ATES

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62500

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JEFFREY RUBIN

Mailing Address 11311 PENFIELD LN., N.E.

City

ALBUQUERQUE

State

NM

Zip Code

87111

FEC ID number of contributing
federal political committee.

C

Name of Employer
GOLDSTAR ASSOC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.62613

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

JAMES SAMS

Mailing Address 535 PINE TREE DRIVE

City

ATLANTA

State

GA

Zip Code

30305

FEC ID number of contributing
federal political committee.

C

Name of Employer
PHYSICIAN SPECIALISTS IN
ANESTHESIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.61814

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JOSEPH SCANIFFE

Mailing Address 11 GLENMORE DR.

City

FARMINGTON

State

CT

Zip Code

06032

FEC ID number of contributing
federal political committee.

C

Name of Employer
MILFORD ANES ASSOC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.61943

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ANTHONY SCHINELLI

Mailing Address 1855 VERMACK CT.

City

DUNWOODY

State

GA

Zip Code

30338

FEC ID number of contributing
federal political committee.

C

Name of Employer
PSA

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.61810

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

KARL SENNOWITZ

Mailing Address 1199 PRINCE AVE.

City

ATHENS

State

GA

Zip Code

30606

FEC ID number of contributing
federal political committee.

C

Name of Employer
MED CTR ANES ATHENS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62552

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JEFFREY SERWIN

Mailing Address 4726 DOW RIDGE RD.

City

ORCHARD LAKE

State

MI

Zip Code

48324

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62325

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WILLIAM SHURLEY

Mailing Address 7954 DEXTER RD.

City

CORDOVA

State

TN

Zip Code

38016

FEC ID number of contributing
federal political committee.

C

Name of Employer
METROPOLITAN ANESOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	8

Transaction ID: SA11AI.62177

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

DAVID SIEGEL

Mailing Address 7014 GUADALUPE TRAIL, N.W.

City

ALBUQUERQUE

State

NM

Zip Code

87107

FEC ID number of contributing
federal political committee.

C

Name of Employer
SANTA FE ANES SPECOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	0	8

Transaction ID: SA11AI.61929

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MARK SILVERBERG

Mailing Address 649 THORNMEADOW RD.

City

RIVERWOODS

State

IL

Zip Code

60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
MOBILE ANESTHOccupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	8

Transaction ID: SA11AI.62070

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHAEL SIMON

Mailing Address 2400 DUNDEE RD

City

WINTER HAVEN

State

FL

Zip Code

33884

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES CONSUL CEN FL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62321

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

KIERAN SLEVIN

Mailing Address 231 PINE STREET

City

PHILADELPHIA

State

PA

Zip Code

19106

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF PENNSYLVANIA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.61980

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

ALAN SMITH

Mailing Address 3563 GRANITE WAY

City

MARTINEZ

State

GA

Zip Code

30907

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES CONSULT AUGUSTA

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62473

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ANDREW SMITH

Mailing Address 2115 N.E. 27TH ST.

City

RENTON

State

WA

Zip Code

98056

FEC ID number of contributing
federal political committee.

C

Name of Employer
VALLEY ANES ASSOC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.62645

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

JOSHUA SMITH

Mailing Address 505 LANSLOWNE PLACE

City

BIRMINGHAM

State

AL

Zip Code

35226

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIV OF ALABAMA-BIRMINGHAM

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.62241

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

NANCY STAATS

Mailing Address 47 ORCHARD LANE

City

COLTS NECK

State

NJ

Zip Code

07722

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.61897

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

STAN STRICKLAND

Mailing Address P.O. BOX 8039

City

FAYETTEVILLE

State

AR

Zip Code

72703

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62121

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

PANDU TADOORI

Mailing Address P.O. BOX 474

City

BALDWIN

State

NY

Zip Code

11510

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.62224

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

DAVID THEIL

Mailing Address 1678 STONEHAM LN.

City

EVERGREEN

State

CO

Zip Code

80439

FEC ID number of contributing
federal political committee.

C

Name of Employer
COLORADO ANES CONSUL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.61881

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HUGO TOLENTINO

Mailing Address 6333 SAINT DENIS ST

City

CORPUS CHRISTI

State

TX

Zip Code

78414

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.62572

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

CHRISTOPHER TROJAN

Mailing Address 82 LOGAN'S RUN

City

ROCHESTER

State

NY

Zip Code

14626

FEC ID number of contributing
federal political committee.

C

Name of Employer

WESTSIDE ANES ROCHESTER

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62037

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JEFFREY UPPINGTON

Mailing Address 3957 CANAL CT

City

WINTERS

State

CA

Zip Code

95694

FEC ID number of contributing
federal political committee.

C

Name of Employer

UCDAVIS MEDICAL CENTER

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.62299

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CLAUDE VACHON

Mailing Address 1225 CONCORD HUNT DR

City

BRENTWOOD

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANESTHESIA MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	0	8

Transaction ID: SA11AI.61820

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

DAVID VANGURA

Mailing Address 280 TOURAINE RD.

City

GROSSE POINTE FARM

State

MI

Zip Code

48236

FEC ID number of contributing
federal political committee.

C

Name of Employer

HENRY FORD HOSP

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	8

Transaction ID: SA11AI.62119

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

GREG VANZANT

Mailing Address P.O. BOX 102

City

CLEBURNE

State

TX

Zip Code

76033

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	8

Transaction ID: SA11AI.62597

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RONALD VIERK

Mailing Address 1526 HUNTERS POINTE DR.

City

RICHMOND

State

IN

Zip Code

47374

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62423

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL VILLAREALE

Mailing Address 6917 CLINTON ST.

City

BERGEN

State

NY

Zip Code

14416

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES ASSOC ROCHESTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.61869

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

BRENT WALKER

Mailing Address 500 S UNIVERSITY AVE STE 505

City

LITTLE ROCK

State

AR

Zip Code

72205

FEC ID number of contributing
federal political committee.

C

Name of Employer
LITTLE ROCK ANES SERV

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.62601

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TIMOTHY WALSH

Mailing Address 13221 CEDARWOOD AVE

City

CLIVE

State

IA

Zip Code

50325

FEC ID number of contributing
federal political committee.

C

Name of Employer
TIMOTHY W. WALSH, MD, PC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.61796

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

DAVID WENZEL

Mailing Address 2520 COACH & SURREY LN.

City

AURORA

State

IL

Zip Code

60506

FEC ID number of contributing
federal political committee.

C

Name of Employer
GUARDIAN ANES ASSOC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62380

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JEFFREY WILNER

Mailing Address 6791 CRESTWAY DRIVE

City

BLOOMFIELD HILLS

State

MI

Zip Code

48301

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTH OAKLAND ANESTHESIA
ASSOCIATES, P

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.62333

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 85

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MYRA WISE

Mailing Address 343 SAM DUNHAM RD.

City

SULPHUR

State

LA

Zip Code

70663

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.61850

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

JASON WORKMAN

Mailing Address 7575 WASHINGTON AVE., STE. 127-374

City

LAS VEGAS

State

NV

Zip Code

89128

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62097

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

HSI-TAI YAO

Mailing Address 207 STONEY CREEK

City

HOUSTON

State

TX

Zip Code

77024

FEC ID number of contributing
federal political committee.

C

Name of Employer
SAN JACINTO ANES SERV

Occupation

ANESTHESIOLOGIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.62619

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 85

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TOM YU

Mailing Address 503 AUGUSTA DR.

City

MORAGA

State

CA

Zip Code

94556

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.62081

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

JOSEPH ZAKI

Mailing Address 4178 SUDBROOK SQ E

City

NEW ALBANY

State

OH

Zip Code

43054

FEC ID number of contributing
federal political committee.

C

Name of Employer
CONSULTANT ANESTHESIOLOGI-
STS INC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.61836

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

WENDY ZERNGAST

Mailing Address 8006 NE 169TH PLACE

City

KENMORE

State

WA

Zip Code

98028

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF WASHINGTON

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.62538

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

61250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 85

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City

CHICAGO

State

IL

Zip Code

60675

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13524.14

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: SA17.62725

Amount of Each Receipt this Period

2060.12

INTEREST INCOME

B.

Full Name (Last, First, Middle Initial)

NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City

CHICAGO

State

IL

Zip Code

60675

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

14360.71

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: SA17.62728

Amount of Each Receipt this Period

836.57

INTEREST INCOME

SUBTOTAL of Receipts This Page (optional)

2896.69

TOTAL This Period (last page this line number only)

2896.69

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
ANNA ESHOO FOR CONGRESS

Mailing Address 555 CAPITOL MALL #1425

City State Zip Code
SACRAMENTO CA 95814

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.62698

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
BECERRA FOR CONGRESS

Mailing Address PO BOX 116

City State Zip Code
HYATTSVILLE MD 20781

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.62712

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
BERKLEY FOR CONGRESS

Mailing Address 3069 CONQUISTA CT

City State Zip Code
LAS VEGAS NV 89121

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.62710

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 67 / 85

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BOSWELL FOR CONGRESS

Mailing Address PO BOX 6220

City
DES MOINES

State
IA

Zip Code
50309

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.61755

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

BRIAN BAIRD FOR CONGRESS

Mailing Address 236 MASSACHUSETTS AVE NE #508

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.62692

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

CHARLES A GONZALEZ CONGRESSIONAL CAMPAIGN

Mailing Address PO BOX 12612

City
SAN ANTONIO

State
TX

Zip Code
78212

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.62700

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
CHARLIE DENT FOR CONGRESS

Mailing Address 1707 PRINCE ST #5

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.62704

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
CHC BOLD PAC

Mailing Address 1831 BAY ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
2008 CONTRIBUTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

Transaction ID: SB23.61751

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
COMMITTEE FOR A DEMOCRATIC MAJORITY

Mailing Address 501 CAPITOL CT NE #100

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
2008 CONTRIBUTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

Transaction ID: SB23.61717

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
DIANA DEGETTE FOR CONGRESS INC

Mailing Address PO BOX 61337

City State Zip Code
DENVER CO 80206

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.61769

Date of Disbursement

M M / D D / Y Y Y Y
04 24 2008

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
DUNCAN D HUNTER FOR CONGRESS

Mailing Address PO BOX 3917

City State Zip Code
MESA CA 91941

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.62696

Date of Disbursement

M M / D D / Y Y Y Y
04 28 2008

Amount of Each Disbursement this Period

1500.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF CHARLIE WILSON

Mailing Address PO BOX 61

City State Zip Code
ST CLAIRSVILLE OH 43950

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.62684

Date of Disbursement

M M / D D / Y Y Y Y
04 24 2008

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 71 / 85

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
FRIENDS OF CLIFF STEARNS

Mailing Address PO BOX 308

City SILVER SPRINGS State FL Zip Code 34489

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: SB23.61765

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF DENNIS CARDOZA

Mailing Address PO BOX 2749

City MERCED State CA Zip Code 95340

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: SB23.61724

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF DENNIS CARDOZA

Mailing Address PO BOX 2749

City MERCED State CA Zip Code 95340

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: SB23.61726

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) FRIENDS OF FARR	Transaction ID: SB23.61741 Date of Disbursement
Mailing Address 729 15TH STREET NW 3RD FL	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 0 / 2 0 0 8</div> </div>
City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) FRIENDS OF JOE PITTS	Transaction ID: SB23.61709 Date of Disbursement
Mailing Address 1707 PRINCE ST #5 C/O CAROLE GOEAS & ASSOC	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 3 / 2 0 0 8</div> </div>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) FRIENDS OF JOE PITTS	Transaction ID: SB23.62680 Date of Disbursement
Mailing Address 1707 PRINCE ST #5	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 4 / 2 0 0 8</div> </div>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN BARRASSO COMM

Mailing Address 406 VIRGINIA AVE

City ALEXANDRIA State VA Zip Code 22302

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.62708

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

B. Full Name (Last, First, Middle Initial)
GENE GREEN CONGRESSIONAL CAMPAIGN

Mailing Address PO BOX 16128

City HOUSTON State TX Zip Code 77222

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.61736

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial)
GERLACH FOR CONGRESS

Mailing Address 700 12TH ST NW #700

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.61771

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HAWKEYE PAC

Mailing Address PO BOX 7255

City
DES MOINES

State
IA

Zip Code
50309

Purpose of Disbursement
2008 CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Transaction ID: SB23.62706

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

JACKIE SPEIER FOR CONGRESS

Mailing Address PO BOX 112

City
BURLINGAME

State
CA

Zip Code
94011

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.61730

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

JACKIE SPEIER FOR CONGRESS

Mailing Address P.O. BOX 112

City
BURLINGAME

State
CA

Zip Code
94011

Purpose of Disbursement
CK VOIDED ORIG ISSUED 02/25/08

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.62723

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
JACKIE SPEIER FOR CONGRESS

Mailing Address PO BOX 112

City BURLINGAME State CA Zip Code 94011

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.61753

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

B. Full Name (Last, First, Middle Initial)
JO BONNER FOR CONGRESS

Mailing Address PO BOX 368

City FALLS CHURCH State VA Zip Code 22040

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.62678

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
JOHN CAMPBELL FOR CONGRESS

Mailing Address 4590 MACARTHUR BLVD #500

City NEWPORT BEACH State CA Zip Code 92660

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.62686

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
JOHN LEWIS FOR CONGRESS

Mailing Address PO BOX 636

City ANNANDALE State VA Zip Code 22003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.61745

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
JOHN SULLIVAN FOR CONGRESS

Mailing Address PO BOX 470840

City TULSA State OK Zip Code 74147

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.61749

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
KELLER FOR CONGRESS

Mailing Address PO BOX 1453

City ORLANDO State FL Zip Code 32802

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.61739

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KIRK FOR CONGRESS

Mailing Address PO BOX 8

City
WINNETKA

State
IL

Zip Code
60093

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.62714

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

MALONEY FOR CONGRESS

Mailing Address 49 E 92ND STREET

City
NEW YORK

State
NY

Zip Code
10128

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.62694

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

MARYLAND REPUBLICAN PARTY

Mailing Address 15 WEST ST

City
ANNAPOLIS

State
MD

Zip Code
21401

Purpose of Disbursement
2008 CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Transaction ID: SB23.61767

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
MATHESON FOR CONGRESS

Mailing Address PO BOX 636

City ANNANDALE State VA Zip Code 22003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: SB23.61760

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
MATHESON FOR CONGRESS

Mailing Address PO BOX 636

City ANNANDALE State VA Zip Code 22003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: SB23.61763

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

C. Full Name (Last, First, Middle Initial)
MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 MADISON AVE

City SACRAMENTO State CA Zip Code 95841

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: SB23.61728

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NATIONAL REPUBLICAN CONGRESSIONAL COMM

Mailing Address 320 FIRST ST

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
2008 CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Transaction ID: SB23.62718

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

NATIONAL REPUBLICAN CONGRESSIONAL COMM

Mailing Address 320 FIRST ST

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
2008 CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Transaction ID: SB23.62720

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

NEUGEBAUER CONGRESSIONAL COMM

Mailing Address PO BOX 54175

City
LUBBOCK

State
TX

Zip Code
79453

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.62716

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
PETE STARK RE-ELECTION COMM

Mailing Address PO BOX 75214

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.61719

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 0 8

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)
PETE STARK RE-ELECTION COMMITTEE

Mailing Address PO BOX 8331

City FREMONT State CA Zip Code 94537

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.62682

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
PHIL GINGREY FOR CONGRESS

Mailing Address 1707 PRINCE ST #5

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.61775

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 FIRST STREET SE

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
2008 CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Transaction ID: SB23.61707

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15000.00

B.

Full Name (Last, First, Middle Initial)

RICHARD E NEAL FOR CONGRESS COMM

Mailing Address 76 MAGNOLIA TERR

City
SPRINGFIELD

State
MA

Zip Code
01108

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.62690

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

ROBERTS FOR SENATE

Mailing Address PO BOX 433

City
GREAT BEND

State
KS

Zip Code
67530

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.61713

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

18000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) ROBERTS FOR SENATE Mailing Address PO BOX 433	Transaction ID: SB23.61715 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 3 / 2 0 0 8</div> </div>
City State Zip Code GREAT BEND KS 67530 Purpose of Disbursement <div>Category/Type</div> Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>500.00</div>
B. Full Name (Last, First, Middle Initial) ROSKAM FOR CONGRESS COMMITTEE Mailing Address PO BOX 713 City State Zip Code WHEATON IL 60187 Purpose of Disbursement <div>Category/Type</div> Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.62702 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 8 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>1500.00</div>
C. Full Name (Last, First, Middle Initial) RYAN FOR CONGRESS Mailing Address PO BOX 1919 City State Zip Code JANESVILLE WI 53547 Purpose of Disbursement <div>Category/Type</div> Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.61743 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 7 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>2000.00</div>

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
SCHWARTZ FOR CONGRESS

Mailing Address PO BOX 2232

City State Zip Code
JENKINTOWN PA 19046

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.61747

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 8

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
SEARCHLIGHT LEADERSHIP FUND

Mailing Address 426 C ST NE REAR BLDG

City State Zip Code
WASHINGTON DC 20002

Purpose of Disbursement
2008 CONTRIBUTION

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Transaction ID: SB23.61757

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)
SUE MYRICK FOR CONGRESS

Mailing Address PO BOX 37091

City State Zip Code
CHARLOTTE NC 28237

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.62688

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TEXANS FOR HENRY CUELLAR

Mailing Address PO BOX 6147

City
LAREDO

State
TX

Zip Code
78042

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: SB23.61711

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

UDALL FOR COLORADO

Mailing Address PO BOX 40158

City
DENVER

State
CO

Zip Code
80204

Purpose of Disbursement
CK VOIDED ORIG ISSUED 3/17/08

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: SB23.62722

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-2500.00

SUBTOTAL of Disbursements This Page (optional)

-500.00

TOTAL This Period (last page this line number only)

109000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City
CHICAGO

State
IL

Zip Code
60675

Purpose of Disbursement
VISA BANK CHARGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.62726

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1782.76

B.

Full Name (Last, First, Middle Initial)

NORTHERN TRUST CO

Mailing Address 50 S LASALLE

City
CHICAGO

State
IL

Zip Code
60675

Purpose of Disbursement
BANK CHARGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.62727

Date of Disbursement

/ /

Amount of Each Disbursement this Period

39.00

SUBTOTAL of Disbursements This Page (optional)

1821.76

TOTAL This Period (last page this line number only)

1821.76